

## APPENDIX A-3:

### Data Abstraction Tool: Elective Delivery < 39 Weeks Gestation (MAT-3)

**INSTRUCTIONS:** Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) \_\_\_\_\_
2. Provider ID (PROVIDER-ID) \_\_\_\_\_ (AlphaNumeric)
3. First Name (FIRST-NAME) \_\_\_\_\_
4. Last Name (LAST-NAME) \_\_\_\_\_
5. Birthdate (BIRTHDATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Sex (SEX)    ☐ Female            ☐ Male            ☐ Unknown
7. Postal Code What is the postal code of the patient's residence? (POSTAL-CODE) \_\_\_\_  
(Five or nine digits, HOMELESS, or Non-US)
8. Race Code - (MHRACE) (Select One Option)
  - ☐ R1 American Indian or Alaska Native
  - ☐ R2 Asian
  - ☐ R3 Black/African American
  - ☐ R4 Native Hawaiian or other Pacific Islander
  - ☐ R5 White
  - ☐ R9 Other Race
  - ☐ UNKNOW Unknown/not specified
9. Ethnicity Code - (ETHNICODE) \_\_\_\_  
(Alpha 6 characters, numeric is 5 numbers with – after 4<sup>th</sup> number)
10. Hispanic Indicator- (ETHNIC)
  - ☐ Yes
  - ☐ No
11. Hospital Bill Number (HOSPBILL#) \_\_\_\_\_  
(Alpha/Numeric – field size up to 20)
12. Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_\_\_\_ (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
14. Discharge Date (DISCHARGE-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
15. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)
  - ☐ 01 = Home
  - ☐ 02 = Hospice- Home
  - ☐ 03 = Hospice- Health Care Facility
  - ☐ 04 = Acute Care Facility
  - ☐ 05 = Other Health Care Facility
  - ☐ 06 = Expired
  - ☐ 07 = Left Against Medical Advice / AMA
  - ☐ 08 = Not Documented or Unable to Determine (UTD)

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16. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

<input type="checkbox"/> 103	Medicaid (includes MassHealth)	<input type="checkbox"/> 282	BMC- MassHealth CarePlus
<input type="checkbox"/> 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan	<input type="checkbox"/> 283	Fallon- MassHealth CarePlus
<input type="checkbox"/> 108	MCD Managed Care - Fallon Community Health Plan	<input type="checkbox"/> 284	NHP- MassHealth CarePlus
<input type="checkbox"/> 110	MCD Managed Care - Health New England	<input type="checkbox"/> 285	Network Health- MassHealth CarePlus
<input type="checkbox"/> 113	MCD – Neighborhood Health Plan	<input type="checkbox"/> 286	Celticare- MassHealth CarePlus
<input type="checkbox"/> 118	MCD Managed Care - Mass Behavioral Health Partnership Plan	<input type="checkbox"/> 287	MassHealth CarePlus
<input type="checkbox"/> 207/274	MCD Managed Care- Network Health (Cambridge Health Alliance)	<input type="checkbox"/> 119	Medicaid Managed Care Other
<input type="checkbox"/> 208	MCD Managed Care - HealthNet (Boston Medical Center)	<input type="checkbox"/> 178	Children's Medical Security Plan (CMSP)

17. What is the patient's MassHealth Member ID? (MHRIDNO) \_\_\_\_\_ ( alpha characters must be upper case)

18. Does this case represent part of a sample? (SAMPLE)

- ☐ Yes  
☐ No

19. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.07)

- ☐ At least one on Table 11.07(Review Ends)  
☐ None on Table 11.07

20. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission?  
(CLNCLTRIAL)

- ☐ Yes (Review Ends)  
☐ No

21. How many weeks of gestation were completed at the time of delivery? (GESTAGE)

Weeks: \_\_\_\_ (in completed weeks; do not round up)(enter 2 digit numeric value with no leading 0, or UTD)

UTD \_\_\_\_ (if UTD or if gestational age is <37 or >= 39 weeks, Review Ends)

22. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.06.1)

- ☐ At least one on Table 11.06.1 (Review Ends)  
☐ None on Table 11.06.1

23. ICD-10-PCS Principal or Other Procedure Codes (Table 11.05)

- ☐ At least one on Table 11.05 (Proceed to Question # 24)  
☐ None on Table 11.05 (Proceed to Question # 25)

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24. Is there documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth?

☐ Yes (Review Ends)

☐ No (Review Ends)

25. ICD-10-PCS Principal or Other Procedure Codes (Table 11.06)

☐ At least one on Table 11.06

☐ None on Table 11.06 (Review Ends)

26. Is there documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth?

☐ Yes (Review Ends)

☐ No

27. Is there documentation that the patient had undergone prior uterine surgery? (PRIORUTSURG)

Note: see data dictionary for inclusion definitions and terms

☐ Yes

☐ No